

Policy Schedule for the Everest Insurance Personal Accident and Sickpay Police Federation Policy

Produced on Thursday, 28 March 2024

Client Name: West Midlands Police Federation

Policy Number: 458365/01/24

New /Renewal Policy Schedule

This **policy schedule** forms part of the Everest Insurance Personal Accident and Sickpay Police Federation Policy.

Please keep this **policy schedule** safe with all documents applicable to the Policy.

This **policy schedule** outlines the cover. This document including the policy wording and any **endorsement(s)** attached form the Policy.

Claims Contact

If the **policyholder** or **insured person** wants to make a **claim**, or report an occurrence or circumstance which might result in a **claim** under this Policy, they may do so by using the following contact information:

Telephone: UK claims number +44 (0)14 1240 1912

Email: everestre@ie.sedgwick.com

The Insurer

Everest Insurance (Ireland), DAC®

Registered Office: 38/39 Fitzwilliam Square West, Dublin 2, D02 NX53, Ireland

Company Registration Number: 456702

Website: <https://www.everestre.com/Insurance/Everest-Insurance-Ireland-DAC>

A.M. Best Rating: A+ (Superior)

Everest Insurance (Ireland) Designated Activity Company is regulated by Central Bank of Ireland. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority.

Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. FCA Firm Reference Number is 794741.

Everest / Language

This Policy and all associated correspondence will be in English.

Law & Jurisdiction

This Policy shall be governed by and construed in accordance with English Law. Each of the parties submits to the exclusive jurisdiction of the courts of England.

Policyholder Details

Policyholder:	West Midlands Police Federation
Policyholder Address:	Guardians House, 2111 Coventry Road, Birmingham, B26 3EA
Business Description:	Police Federation

Policy Details

Reference Number:	458365/01/24
Policy period:	Inception: Expiry: Both days inclusive at the local standard time at the address of the policyholder.
Currency:	GBP/£

Insurance Broker Details

Insurance Broker:	George Burrows
Insurance Broker Address:	St Mark's Court, North Street, Horsham, West Sussex, RH12 1RZ

Important Information

It is important that:

- The **policyholder** checks that the coverage it has requested is included in the **policy schedule**.
- The **policyholder** checks that the information it has given to **us** is accurate - see the "Information Provided to **Us**" Section.
- The **policyholder** and/or **insured person** notify **us** via the broker shown in the **policy schedule** as soon as practicable of any inaccuracies in the information which the **policyholder** and/or **insured person** have given **us**.
- The **policyholder** and **insured persons** comply with their duties under each Section and under this Policy as a whole.

Insured Person Categories and Limitations

	Category 1	Category 2	Category 3	Category 4
Insured persons	All serving members under the of 70	All partners of a serving member under the age of 70	All Police Staff under the age of 65	All partners of police staff under the age of 65
Operative time	24 hours	24 hours	24 hours	24 hours

Maximum Limit per Insured Person per Accident	£150,000
Maximum Limit per Insured Person Weekly Temporary Total Disablement	£20
Maximum Limit per Insured Person sick pay	20% of gross basic salary pay
Maximum Accumulation Limits - Accident (applicable to all categories)	£10,000,000

A. SECTION - Accident Core Benefits

Limits within this Section are per **insured person** per **accident** unless stated otherwise.

1.1 Death and Permanent Disability

Benefit with Limitations to Apply	Maximum Limit Category 1	Maximum Limit Category 2	Maximum Limit Category 3	Maximum Limit Category 4
Accidental death	Not Insured	Not Insured	Not Insured	Not Insured
Permanent total disablement from any and every occupation	150,000	75,000	75,000	37,500
Permanent loss of sight of a. both eyes b. one eye	50,000 25,000	10,000 5,000	30,000 25,000	6,000 5,000
Permanent loss of limbs of a. two or more limbs b. one limb	50,000 25,000	10,000 5,000	30,000 25,000	6,000 5,000
Permanent loss of an internal organ	Not Insured	Not Insured	Not Insured	Not Insured
Permanent loss of hearing in a. both ears b. one ear	50,000 12,500	6,000 2,500	30,000 10,000	6,000 2,000
Permanent loss of speech	50,000	6,000	30,000	6,000
Permanent total loss or use of a. a shoulder, elbow or wrist b. a hip, knee or ankle	Not Insured	Not Insured	Not Insured	Not Insured
Permanent total loss or use of four fingers and a thumb of either hand a. a thumb of either hand one joint two joints b. a any finger on either hand one joint two joints three joints c. a big toe, both joints e. all toes on one foot	10,000 2,250 4,500 1,000 2,000 3,000 900 3,600	Not Insured	9,000 2,250 4,500 900 1,800 2,700 900 3,600	Not Insured
Permanent total loss or use of back or spine below the neck with no damage to the spinal cord	Not Insured	Not Insured	Not Insured	Not Insured
Permanent total loss or use of neck or cervical spine with no damage to the spinal cord	Not Insured	Not Insured	Not Insured	Not Insured
Removal by surgical operation of the lower jaw	Not Insured	Not Insured	Not Insured	Not Insured

1.2 Temporary Total Disablement

Benefit with Limitations to Apply	Maximum Limit Category 1	Maximum Limit Category 2	Maximum Limit Category 3	Maximum Limit Category 4
Weekly sum insured	20	Not Insured		
Benefit period (weeks)	104	N/A		
Waiting period (days)	7	N/A		

1.3 Temporary Partial Disablement

Benefit with Limitations to Apply	Maximum Limit Category 1	Maximum Limit Category 2	Maximum Limit Category 3	Maximum Limit Category 4
Weekly sum insured	Not Insured	Not Insured		
Benefit period (weeks)	N/A	N/A		
Waiting period (days)	N/A	N/A		

B. SECTION - Additional Accident Benefits

Limits within this Section are per **insured person** per **accident** unless stated otherwise.

Benefit with Limitations to Apply	Maximum Limit Category 1	Maximum Limit Category 2	Maximum Limit Category 3	Maximum Limit Category 4
1.1 Accidental Hospital Recuperation Daily benefit Max. period (days)	50 7	Not Insured		
1.2 Accidental Medical Expenses Reimbursement	Not Insured	Not Insured		
1.3 Childcare Max. per hour Max. per claim per insured person Max. per policy period per insured person	Not Insured	Not Insured		
1.4 Coma Benefit Daily benefit Max. period (days)	Not Insured	Not Insured		
1.5 Dental Expenses a. Dental Treatment Max. per claim per insured person Max. number of claims per policy period b. Emergency Dental Treatment in the United Kingdom Max. per claim per insured person Max. number of claims per policy period	Not Insured	Not Insured		

<p>c. Emergency Dental Treatment outside of the United Kingdom Max. per claim per insured person Max. number of claims per policy period</p> <p>d. Dental Call-Out Fees Max. per claim per insured person Max. number of claims per policy period</p> <p>e. Hospitalisation Following Dental Treatment Daily benefit Max. period (days)</p> <p>f. Oral Cancer Max. per insured person per policy period</p>				
1.6 Funeral Expenses	Not Insured	Not Insured	Not Insured	Not Insured
1.7 On-Duty Infection	50,000	Not Insured	Not Insured	Not Insured
1.8 Paralysis Paraplegic Hemiplegic Triplegic Quadriplegic	Not Insured	Not Insured	Not Insured	Not Insured
1.9 Rehabilitation	Not Insured	Not Insured	Not Insured	Not Insured
1.10 Renovation Expenses	Not Insured	Not Insured	Not Insured	Not Insured
1.11 Unrecovered Criminal Court Award Compensation	1,000	Not Insured	1,000	Not Insured
1.12 Workplace Firearm and Knife Assault Max. per accident for all insured persons	2,500	Not Insured	2,500	Not Insured
1.13 Scarring of The Face Max. per accident for all insured persons	5,000	Not Insured	5,000	Not Insured
1.14 Third Degree Burns Max. per accident for all insured persons	5,000	Not Insured	5,000	Not Insured

C. SECTION - Sickpay and Unsociable Hours

Limits within this Section are per **insured person** per **accident** unless stated otherwise.

1.1 Sickpay

Benefit with Limitations to Apply	Maximum Limit Category 1	Maximum Limit Category 2	Maximum Limit Category 3	Maximum Limit Category 4
Reduction to half pay: % of gross basic scale pay Benefit period (weeks) Qualifying period (days)	20 26 180	Not Insured	20 26 180	Not Insured
Reduction to NIL pay: % of gross basic scale pay Benefit period (weeks) Qualifying period (days)	Not Insured	Not Insured	Not Insured	Not Insured
Reduced pay other than the above: % of gross basic scale pay Benefit period (weeks) Qualifying period (days)	Not Insured	Not Insured	Not Insured	Not Insured

1.2 Unsociable Hours

Benefit with Limitations to Apply	Maximum Limit Category 1	Maximum Limit Category 2	Maximum Limit Category 3	Maximum Limit Category 4
Weekly sum insured	Not Insured	Not Insured	Not Insured	Not Insured
Waiting period (days)	N/A	N/A	N/A	N/A
Total number of weeks during a consecutive twenty-four (24) week period benefit is payable	N/A	N/A	N/A	N/A